

PROPOSAL FORM

Advice on applying for Clinical Negligence After-the-Event Insurance with Temple

Why should I apply for insurance?

Insurance should be considered in every case, not just the high risk cases.

Since the reduction of legal aid, ATE insurance has become the accepted alternative. Insurance is an effective funding method for many types of personal injury and clinical negligence litigation.

Is there any cost to apply for insurance from Temple?

No, our assessment is free.

When should I apply for insurance?

You should apply for insurance as soon as you are able to make a reasonable risk assessment of the case. You should not apply simply because the case has become more risky, as it is likely that we will decline your case.

Are there any reasons why the application for insurance is likely to be declined?

There are a number of reasons why Temple are likely to decline cases which you should be aware of before you submit your case:

- If the case does not have reasonable prospects of success
- If you have not yet been able to make a reasonable risk assessment of the case
- If your firm currently have arrangements with any other ATE provider (this indicates that we are seeing cases which your regular ATE insurance provider is declining)
- If this case has already been rejected by any other insurer
- If the application is incomplete or relevant information is not included
- If the incident date was more than two years ago

How is the premium paid?

The premium is payable at the end of the case. If your client wins the case then the premium should be recovered from the opponent. If your client loses, then the policy actually self insures the premium.

IMPORTANT Clinical Negligence Cases

We do not consider one-off clinical negligence cases unless there are compelling reasons to do so. We want to encourage solicitors to commit to a delegated authority scheme with Temple and work with us as a partnership, rather than submit individual CN cases where there is a risk that adverse selection is applying. If you do wish to submit an individual CN case to Temple, please explain clearly why this particular case is being singled out.

1. This proposal form is to be completed and signed by both the solicitor and the client and then returned to:-

Temple Legal Protection Limited
Portsmouth House, 1 Portsmouth Road
Guildford, Surrey, GU2 4BL
DX: 83188 Guildford 2

2. Please include the following, as applicable:

- ◆ a copy of your risk assessment/summary of claim
- ◆ experts' reports
- ◆ correspondence with the opponent
- ◆ counsel's opinion
- ◆ medical reports
- ◆ witness statements
- ◆ pleadings/orders

Please note that since we do not charge an assessment fee we cannot incur the costs of returning your papers (do not include any original documents with this proposal).

If this case is declined by Temple, the papers will be destroyed.

3. Completion of this proposal form does not mean that insurance cover is in place.

4. All material facts must be disclosed. A material fact is one that may influence the acceptance of this proposal, or the terms offered. If you are in any doubt as to whether something constitutes a material fact you should disclose it.

Non-disclosure of any material fact may invalidate any insurance policy.

PART A – Details of the proposer

1. Full name and address

Date of birth:

Details of litigation friend if appropriate:

2. Has the proposer been involved in any legal dispute or proceedings in the last 3 years? (other than minor traffic offences or family disputes)

YES/NO

If "YES" give details

3. Is the proposer aware of any other insurances which may be relevant to this dispute?

e.g. " Before the Event" legal expenses cover, or legal assistance through membership of a Trade Union or affinity group.

YES/NO

If "YES" give details

PART B Proposer's Legal Representation

If you are an existing Temple Scheme member, do not answer Question 2.

Otherwise, please answer all parts of Questions 1 and 2.

1. Name and address of the firm :

DX:

Tel. No:

Name of fee earner

Position

Email:

2. About the firm Number of Partners :
 Number of Assistant Solicitors :
 Number of other fee earners :

Volume of litigation expressed as a percentage of total fee income :
 In which areas of litigation does your firm specialise?

Are any of your personal injury partners / staff currently members of any specialist panels?
 If "YES", please provide details

Percentage of litigation handled on a CFA basis	last year	%
	this year	%
	next year (estimate)	%

3. What are your costs to date? £

What are your disbursements to date? £

Please estimate your firm's profit costs to the conclusion of the case (these will not be covered) £

Please estimate your Counsel's fees to the conclusion of the case (these will not be covered) £

TOTAL £

PART C - Details of the Opponent

1. Full name and address of the opponent.
2. Legal status of the opponent, (e.g. Limited Company, individual.)
3. Do you consider that the opponent will be able to pay damages and costs? YES/NO
4. Details of any additional parties in the dispute.
5. Details of the opponent's solicitors.

Name of firm:

Address:

PART D – Details of the Legal Action

1. Have you applied to any other insurer for cover in respect of this risk?
If "YES" has any other insurer declined this risk?
2. Category of Clinical Negligence Dispute - please tick
 Clinical Negligence Other, please specify
3. Date of incident giving rise to (potential) legal action.
4. Date you were instructed
5. Have legal proceedings started? YES/NO
If "YES": in which legal forum?
at what stage is the action?
6. Are you claiming or defending?
7. Has liability been admitted or denied?
If "Yes" on which date
8. Have you complied with any pre-action Protocols? YES / NO / NOT YET APPLICABLE
9. Please attach a summary of the dispute including facts, liability and causation (if not already set out in the risk assessment)
10. If an Expert has been appointed, please provide relevant details.
If an Expert has yet to be appointed, please provide a description of the expertise that will be sought.
11. Details of any settlement proposals to date from either party.
12. What is the lowest value of settlement the proposer considers acceptable?
13. What do you think are the prospects, in percentage terms, of achieving this?
14. Is there likely to be a Counterclaim? YES/NO
If "YES", give details

15. Have you entered into a CFA? YES/NO Date of Agreement: Percentage Up Lift
 If "YES", please provide a copy

16. Will you be instructing Counsel? YES/NO
 If "YES", please name the Chambers and the Counsel

17. Please give brief details of the main arguments, **in your opinion** that might be used by the opponent

PART E Cover Required

1. Please estimate your own disbursements up to and including trial	£
2. Please give your best estimate of the opponent's total costs to trial (including their disbursements)	£
TOTAL	£

NB: This is the amount of adverse costs and disbursements protection we shall consider when assessing the premium

Declaration

I/We declare that after a full enquiry the statements and particulars contained in this proposal are true and that I/We have not suppressed or misstated any material facts. I/We agree that this Application together with any other information supplied by me/us shall form the basis of any Certificate of Insurance issued. I/We undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract or at any time thereafter.

I/We warrant that all information I/We have provided to the Appointed Representative is true, accurate and complete and I/We understand that the Appointed Representative has relied on this information to complete this form and Underwriters will rely on the same to provide insurance.

Client Proposer's Signature	Solicitor (Appointed Representative)
Name in Capitals	Name in Capitals
Date	Date